

## SITE SUPERVISOR OR PROGRAM DIRECTOR STAFFING QUALIFICATIONS WAIVER REQUEST

### SECTION 1 - APPLICANT INFORMATION

Name (First, Middle, Last)	New request <input type="checkbox"/> Extension <input type="checkbox"/> (Sections 1, 4, and 6 only.)	
Address	Employer/Contractor	
City, State, Zip	Contact person	Phone ( )
Position held: Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/>	Specify the CDE child care program type this waiver will be used for. (Latchkey*)	

### SECTION 2 - EDUCATION

(SUBMIT TRANSCRIPTS FOR ALL COLLEGE UNITS EARNED.)

High school graduate or equivalent: Yes ☐ No ☐

Highest college degree completed: Associate ☐ Bachelor ☐  
Master ☐ Doctorate ☐

Total units completed: \_\_\_\_\_

Field of study: \_\_\_\_\_

### SECTION 3 - PERMITS/CREDENTIALS

(SUBMIT COPIES OF PERMITS AND/OR CREDENTIALS ACQUIRED.)

Children's Center Permit currently held:  
Emergency ☐ Limited ☐ Regular ☐  
Teacher ☐ Master Teacher ☐ Site Supervisor ☐  
Expiration: \_\_\_\_/\_\_\_\_ (Month/Year)

Credential: Teaching ☐ Administrative Services ☐  
Type: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Other(Specify): \_\_\_\_\_

### SECTION 4 - EARLY CHILDHOOD EDUCATION/CHILD DEVELOPMENT (ECE/CD)

Identify by title from your transcripts the course that meets each of these requirements to qualify for this waiver.

Required ECE/CD courses	Course Title	Units	What is the total number of ECE/CD units you've earned to date?
Child growth and development OR Human growth and development			<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Both <input type="checkbox"/>
Child and family OR Child, family, and community			
Child care program OR Curriculum development			
Child care administration/ Supervision OR Staff relations			

### SECTION 5 - EDUCATION PLAN

Describe your educational goal, specify number of units of ECE/CD to be completed, and the projected permit application date.

ECE/CD units remaining: \_\_\_\_\_ Permit application date: \_\_\_\_/\_\_\_\_ (Month/Year)

### SECTION 6 - CHILD CARE EXPERIENCE

	Months	Days
Identify the number of months and/or days in which you have three or more hours teaching in a child care center or group care program?		
How many days include the supervision of other staff?		
<b>Program director applicant only</b> , identify number of days you have served as a site supervisor?		

### SECTION 7 - COMPELLING NEED

Site supervisor waiver is limited to either evidence of: an unsuccessful recruitment effort; contractor's salaries are not competitive; or availability of reasonable access to training resources that offer the required course work. A program director waiver request must meet one of these criteria: candidate demonstrates satisfactory educational progress in obtaining the permit; employment location prohibits completion of permit requirements; or a diligent recruitment effort failed to yield a qualified candidate.

I certify the information provided accurately reflects my education and work experience.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

\* Waivers will not be issued to an applicant employed with an School Age Community Child Care (Latchkey) program staff since qualifications are the same as identified by minimum license standards.